PLAIN FIRE PROTECTION DISTRICT

1045 Cedar St. * P.O. Box 157* Plain, WI 53577

Non-Emergency: 608-546-2121 ***Fax: 608-546-2121***

Plain Volunteer Fire Department

Application for Membership

Name:_____S.S.#_____.
Last, First, M.I,

Residence Address:_____,

Contact #: (H)_____(Cell)_____(Work)_____.

Date of Birth:_____Gender:_____

Current Occupation:_____.

Current Employer:_____.

Employer Address:_____.

Years of Employment: (Current Employer)_____(Previous Employer)_____.

Formal Education:_____.

Fire Service Education:_____.

Drivers License #:_____Valid: Yes / No

Emergency Contact:_____.

I understand that I may be required to a pre-employment drug screen. I may also be required to obtain a complete medical exam following employment.
The Plain Fire Department is not a social club, and as a member I shall commit the time required to be an active participant in any duties sponsored by the organization. I shall abide by all laws, rules and regulations set forth by governing bodies of the Plain Fire Dept., and shall obey all orders of my superior officers.

Signed:_____Date:_____.